



## FAMILY SHARE TEMPORARY SUSPENSION OR WAIVER REQUEST

Child's Name: \_\_\_\_\_ TOTS ID #: \_\_\_\_\_

### Check One:

- ☐ The above named child will not be able to access their First Steps services from

\_\_\_\_\_ through \_\_\_\_\_.\*  
Month/Year Month/Year

Reason(s): \_\_\_\_\_

*\*Minimum one calendar month at a time.*

### OR

- ☐ The family requests a temporary waiver from their Family Share, from

\_\_\_\_\_ through \_\_\_\_\_, due to the following reason(s):  
Month/Year Month/Year

*\*Maximum three calendar months at a time.*

### OR

- ☐ The family requests a reduction of their Family Share from \$\_\_\_\_\_ to \$\_\_\_\_\_ from

\_\_\_\_\_ through \_\_\_\_\_, due to the following reason(s):  
Month/Year Month/Year

*\*Maximum three calendar months at a time.*

Service Coordinator's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Send form to:

**Family Share Administrator**  
**Department for Public Health, Division of Maternal and Child Health**  
**First Steps**  
**275 E. Main Street, HS2W-C**  
**Frankfort, KY 40621**  
**or FAX to Family Share Administrator at: (502)564-0329**

### For Office Use Only

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No Signature \_\_\_\_\_

